

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BETA OFFSHORE PLATFORM ELLY - CAG28000**ADDRESS:** 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802**FACILITY:** PLATFORM ELLY**LOCATION:** LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 001A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 10/01/2014        | 10/31/2014       |

**DMR Mailing ZIP CODE:** 90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

| PARAMETER  |                    | QUANTITY OR LOADING |                    |          | QUALITY OR CONCENTRATION |       |                    |       | NO. EX | FREQUENCY OF ANALYSIS  | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|----------|--------------------------|-------|--------------------|-------|--------|------------------------|-------------|
|  |                    | VALUE               | VALUE              | UNITS    | VALUE                    | VALUE | VALUE              | UNITS |        |                        |             |
| Oil based fluids, non-aqueous based drilling fluids and cuttings | SAMPLE MEASUREMENT |                     | *****              |          | *****                    | ***** | *****              | ***** |        |                        |             |
| 51707 1 0<br>Effluent Gross                                      | PERMIT REQUIREMENT | Req. Mon. VALUE     | *****              | Y=1;N=0  | *****                    | ***** | *****              | ***** |        | End Of Well            | GRAB        |
| Cadmium [Cd], in barite, dry weight                              | SAMPLE MEASUREMENT | *****               | *****              | *****    | *****                    | ***** |                    |       |        |                        |             |
| 78244 1 0<br>Effluent Gross                                      | PERMIT REQUIREMENT | *****               | *****              | *****    | *****                    | ***** | 3 DAILY MX         | mg/kg |        | Once per Batch         | GRAB        |
| Mercury [Hg], in barite, dry weight                              | SAMPLE MEASUREMENT | *****               | *****              | *****    | *****                    | ***** |                    |       |        |                        |             |
| 78245 1 0<br>Effluent Gross                                      | PERMIT REQUIREMENT | *****               | *****              | *****    | *****                    | ***** | 1 DAILY MX         | mg/kg |        | Once per Batch         | GRAB        |
| Drilling fluids, free oil  | SAMPLE MEASUREMENT | *****               | *****              | *****    | *****                    | ***** |                    |       |        |                        |             |
| 82589 1 0<br>Effluent Gross                                      | PERMIT REQUIREMENT | *****               | *****              | *****    | *****                    | ***** | Req. Mon. MO TOTAL | d     |        | Daily when Discharging | GRAB        |
| Drilling fluids, volume  | SAMPLE MEASUREMENT | *****               |                    |          | *****                    | ***** | *****              | ***** |        |                        |             |
| 82594 1 0<br>Effluent Gross                                      | PERMIT REQUIREMENT | *****               | Req. Mon. DAILY MX | bbl      | *****                    | ***** | *****              | ***** |        | Daily                  | ESTIMA      |
| Drilling fluids, volume  | SAMPLE MEASUREMENT | *****               |                    |          | *****                    | ***** | *****              | ***** |        |                        |             |
| 82594 EG 0<br>Effluent Gross                                     | PERMIT REQUIREMENT | *****               | 49950 YTD TOT      | bbl      | *****                    | ***** | *****              | ***** |        | Annual                 | CALCTD      |
| Drill cuttings, free oil   | SAMPLE MEASUREMENT | *****               |                    |          | *****                    | ***** |                    |       |        |                        |             |
| 82595 1 0<br>Effluent Gross                                      | PERMIT REQUIREMENT | *****               | Req. Mon. MO TOTAL | occur/mo | *****                    | ***** | Req. Mon. MO TOTAL | d     |        | Daily                  | GRAB        |

|  |   |  |  |           |            |
|--|---|--|--|-----------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE  |  | DATE      |            |
|  |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |  |           |            |
|  |   |  |  | AREA Code | NUMBER     |
| TYPED OR PRINTED                       |   |  |  |           | MM/DD/YYYY |

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
2. Drill fluid inventory refer to Attachment.
3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148

PERMIT NUMBER

001A-A

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

## MONITORING PERIOD

MM/DD/YYYY

10/01/2014

MM/DD/YYYY

10/31/2014

| PARAMETER                           |                    | QUANTITY OR LOADING |                       |       | QUALITY OR CONCENTRATION |       |       |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------------------|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
|                                     |                    | VALUE               | VALUE                 | UNITS | VALUE                    | VALUE | VALUE | UNITS |        |                       |             |
| Drilling cuttings, volume           | SAMPLE MEASUREMENT | *****               |                       |       | *****                    | ***** | ***** | ***** |        |                       |             |
| 82596 1 0<br>Effluent Gross         | PERMIT REQUIREMENT | *****               | Req. Mon.<br>DAILY MX | bbl   | *****                    | ***** | ***** | ***** |        | Daily                 | ESTIMA      |
| Drilling cuttings, volume           | SAMPLE MEASUREMENT | *****               |                       |       | *****                    | ***** | ***** | ***** |        |                       |             |
| 82596 EG 0<br>Effluent Gross        | PERMIT REQUIREMENT | *****               | 18150<br>YTD TOT      | bbl   | *****                    | ***** | ***** | ***** |        | Annual                | CALCTD      |
| LC50 Static 96Hr Acute Mysid. Bahia | SAMPLE MEASUREMENT | *****               | *****                 | ***** |                          | ***** | ***** |       |        |                       |             |
| TAB3E 1 0<br>Effluent Gross         | PERMIT REQUIREMENT | *****               | *****                 | ***** | 3<br>MINIMUM             | ***** | ***** | %     |        | Contingent            | GRAB        |
| LC50 Static 96Hr Acute Mysid. Bahia | SAMPLE MEASUREMENT | *****               | *****                 | ***** |                          | ***** | ***** |       |        |                       |             |
| TAB3E EG 0<br>Effluent Gross        | PERMIT REQUIREMENT | *****               | *****                 | ***** | 3<br>MINIMUM             | ***** | ***** | %     |        | Contingent            | GRAB        |
| LC50 Static 96Hr Acute Mysid. Bahia | SAMPLE MEASUREMENT | *****               | *****                 | ***** |                          | ***** | ***** |       |        |                       |             |
| TAB3E O 0<br>See Comments           | PERMIT REQUIREMENT | *****               | *****                 | ***** | 3<br>MINIMUM             | ***** | ***** | %     |        | Contingent            | GRAB        |

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## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
2. Drill fluid inventory refer to Attachment.
3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

## DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: PLATFORM ELLY

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PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148

PERMIT NUMBER

002A-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

10/01/2014

MM/DD/YYYY

10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge ☐

| PARAMETER                          |                    | QUANTITY OR LOADING |                     |        | QUALITY OR CONCENTRATION |              |                |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|------------------------------------|--------------------|---------------------|---------------------|--------|--------------------------|--------------|----------------|-------|-----------|--------------------------|----------------|
|                                    |                    | VALUE               | VALUE               | UNITS  | VALUE                    | VALUE        | VALUE          | UNITS |           |                          |                |
| Oil and grease, hexane extr method | SAMPLE MEASUREMENT | *****               | *****               | *****  | *****                    |              |                |       |           |                          |                |
| 00552 1 0<br>Effluent Gross        | PERMIT REQUIREMENT | *****               | *****               | *****  | *****                    | 29<br>MO AVG | 42<br>DAILY MX | mg/L  |           | Weekly                   | GRAB           |
| Produced water, flow               | SAMPLE MEASUREMENT |                     | *****               |        | *****                    | *****        | *****          | ***** |           |                          |                |
| 82600 1 0<br>Effluent Gross        | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | *****               | bbl/d  | *****                    | *****        | *****          | ***** |           | Daily                    | ESTIMA         |
| Produced water, flow               | SAMPLE MEASUREMENT | *****               |                     |        | *****                    | *****        | *****          | ***** |           |                          |                |
| 82600 0 0<br>See Comments          | PERMIT REQUIREMENT | *****               | 10950000<br>YTD TOT | bbl/yr | *****                    | *****        | *****          | ***** |           | Annual                   | CALCTD         |

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|  |   | AREA Code  | NUMBER | MM/DD/YYYY |

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. WTCWF, Deck Drainage, Domestic Waste & Fire Control Water are commingled with PW & processed at platform Elly..
2. Produced water annual cumulative flow from March 1st thru Feb 28th each year
3. Values listed in the DMR for zinc are post dilution including the limits.

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FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 003A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 10/01/2014        | 10/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluid

External Outfall

No Discharge ☐

| PARAMETER                   |                    | QUANTITY OR LOADING |                       |          | QUALITY OR CONCENTRATION |              |                |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-----------------------|----------|--------------------------|--------------|----------------|-------|--------|-----------------------|-------------|
|                             |                    | VALUE               | VALUE                 | UNITS    | VALUE                    | VALUE        | VALUE          | UNITS |        |                       |             |
| Well fluids, oil & grease   | SAMPLE MEASUREMENT | *****               | *****                 | *****    | *****                    |              |                |       |        |                       |             |
| 04379 1 0<br>Effluent Gross | PERMIT REQUIREMENT | *****               | *****                 | *****    | *****                    | 29<br>MO AVG | 42<br>DAILY MX | mg/L  |        | Once per Occurance    | GRAB        |
| Number of Events            | SAMPLE MEASUREMENT | *****               |                       |          | *****                    | *****        | *****          | ***** |        |                       |             |
| 51484 1 0<br>Effluent Gross | PERMIT REQUIREMENT | *****               | Req. Mon.<br>TOTAL    | #        | *****                    | *****        | *****          | ***** |        | Once per Occurance    | CALCTD      |
| Well fluids, free oil       | SAMPLE MEASUREMENT | *****               |                       |          | *****                    | *****        | *****          | ***** |        |                       |             |
| 82603 1 0<br>Effluent Gross | PERMIT REQUIREMENT | *****               | Req. Mon.<br>MO TOTAL | occur/mo | *****                    | *****        | *****          | ***** |        | Once per Discharge    | GRAB        |
| Well fluids, volume         | SAMPLE MEASUREMENT |                     |                       |          | *****                    | *****        | *****          | ***** |        |                       |             |
| 82604 1 0<br>Effluent Gross | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>MO TOTAL | bbl      | *****                    | *****        | *****          | ***** |        | Once per Occurance    | ESTIMA      |

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|  |   |  |  | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Type and # of Job: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.
3. Chemical Inventory, Refer to Attachment 'X'

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FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148

PERMIT NUMBER

004A-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

10/01/2014

MM/DD/YYYY

10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Deck Drainage

External Outfall

No Discharge ☐

| PARAMETER                     |                       | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|-------------------------------|-----------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|                               |                       | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Flow rate, deck drainage      | SAMPLE<br>MEASUREMENT |                     | ***** |       | *****                    | ***** | *****                 | ***** |           |                          |                |
| 51666 1 0<br>Effluent Gross   | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | ***** | bbl/d | *****                    | ***** | *****                 | ***** |           | Monthly                  | ESTIMA         |
| Free Oil Visual Sheen         | SAMPLE<br>MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51689 RW 0<br>Receiving Water | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |

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|  |   | AREA Code   | NUMBER | MM/DD/YYYY |

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Free Oil Sheen - # days observed (see attach report).
- Deck Drainage is commingled with Produced Water

## DISCHARGE MONITORING REPORT (DMR)

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PACIFIC OCEAN, CA 90802

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CAF001148

PERMIT NUMBER

005A-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

10/01/2014

MM/DD/YYYY

10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge ☐

| PARAMETER                                |                    | QUANTITY OR LOADING |                       |         | QUALITY OR CONCENTRATION |              |               |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|---------|--------------------------|--------------|---------------|-------|--------|-----------------------|-------------|
|  |                    | VALUE               | VALUE                 | UNITS   | VALUE                    | VALUE        | VALUE         | UNITS |        |                       |             |
| Flow rate, domestic                      | SAMPLE MEASUREMENT |                     | *****                 |         | *****                    | *****        | *****         | ***** |        |                       |             |
| 51667 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | *****                 | bbl/d   | *****                    | *****        | *****         | ***** |        | Monthly               | ESTIMA      |
| Sanitary waste, residual chlorine        | SAMPLE MEASUREMENT | *****               | *****                 | *****   | *****                    |              |               |       |        |                       |             |
| 82605 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | *****   | *****                    | 1<br>MINIMUM | 10<br>MAXIMUM | mg/L  |        | Monthly               | GRAB        |
| Sanitary waste, flow                     | SAMPLE MEASUREMENT |                     | *****                 |         | *****                    | *****        | *****         | ***** |        |                       |             |
| 82606 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | *****                 | bbl/d   | *****                    | *****        | *****         | ***** |        | Monthly               | ESTIMA      |
| Sanitary waste, solids                   | SAMPLE MEASUREMENT | *****               |                       |         | *****                    | *****        | *****         | ***** |        |                       |             |
| 82607 RW 0<br>Receiving Water            | PERMIT REQUIREMENT | *****               | Req. Mon.<br>MO AVG   | # dis/d | *****                    | *****        | *****         | ***** |        | Daily                 | VISUAL      |
| Domestic waste, foam and floating solids | SAMPLE MEASUREMENT | *****               |                       |         | *****                    | *****        | *****         | ***** |        |                       |             |
| 82608 RW 0<br>Receiving Water            | PERMIT REQUIREMENT | *****               | Req. Mon.<br>MO TOTAL | #/mo    | *****                    | *****        | *****         | ***** |        | Daily                 | VISUAL      |

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|  |   | AREA Code  | NUMBER | MM/DD/YYYY |

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Sanitary Waste is commingled and discharged with Sanitary Waste at platform Ellen . Domestic Waste is commingled with platform Elly's Produced Water at platform Elly, and platform Ellen's Sanitary Waste at platform Ellen

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| 10/01/2014        | 10/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge ☐

| PARAMETER                                       |                    | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|   |                    | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Free Oil Visual Sheen                           | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51689 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |
| Floating solids or visible foam-<br>visual/days | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51705 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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**DMR Mailing ZIP CODE:** 90802

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge ☐

| PARAMETER                                   |                           | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---------------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
|   |                           | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |        |                       |             |
| Floating solids or visible foam-visual/days | <b>SAMPLE MEASUREMENT</b> | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 51705 RW 0<br>Receiving Water               | <b>PERMIT REQUIREMENT</b> | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |

|   |   |   |  |                  |        |             |
|---|---|---|--|------------------|--------|-------------|
| <b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b> | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b> |  | <b>TELEPHONE</b> |        | <b>DATE</b> |
|   |   |   |  |                  |        |             |
| <b>TYPED OR PRINTED</b>                       |   |   |  | AREA Code        | NUMBER | MM/DD/YYYY  |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BETA OFFSHORE PLATFORM ELLY - CAG28000**ADDRESS:** 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802**FACILITY:** PLATFORM ELLY**LOCATION:** LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                          |                         |
|--------------------------|-------------------------|
| CAF001148                | 008A-A                  |
| <b>PERMIT NUMBER</b>     | <b>DISCHARGE NUMBER</b> |
| <b>MONITORING PERIOD</b> |                         |
| <b>MM/DD/YYYY</b>        | <b>MM/DD/YYYY</b>       |
| 10/01/2014               | 10/31/2014              |

**DMR Mailing ZIP CODE:** 90802

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge ☐

| PARAMETER                                       |                               | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|---|-------------------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|   |                               | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Floating solids or visible foam-<br>visual/days | <b>SAMPLE<br/>MEASUREMENT</b> | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51705 RW 0<br>Receiving Water                   | <b>PERMIT<br/>REQUIREMENT</b> | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |

|   |   |   |               |                   |
|---|---|---|---------------|-------------------|
| <b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b> | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | <b>TELEPHONE</b>  |               | <b>DATE</b>       |
|   |   | <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR<br/>AUTHORIZED AGENT</b> |               |                   |
| <b>TYPED OR PRINTED</b>                       |   | <b>AREA Code</b>  | <b>NUMBER</b> | <b>MM/DD/YYYY</b> |

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. Chemical Inventory, refer to Attachment X
2. Fire Control System Water is commingled with Produced Water

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 009A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 10/01/2014        | 10/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge ☐

| PARAMETER                                       |                    | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |                  |                       |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|------------------|-----------------------|-------|--------|-----------------------|-------------|
|   |                    | VALUE               | VALUE | UNITS | VALUE                    | VALUE            | VALUE                 | UNITS |        |                       |             |
| Chlorine, total residual                        | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    |                  |                       |       |        |                       |             |
| 50060 1 0<br>Effluent Gross                     | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | .00585<br>MO AVG | .0102<br>DAILY MX     | mg/L  |        | Quarterly             | GRAB        |
| Floating solids or visible foam-<br>visual/days | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    |                  |                       |       |        |                       |             |
| 51705 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    |                  | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |
| Flow  | SAMPLE MEASUREMENT |                     | ***** |       | *****                    | *****            | *****                 | ***** |        |                       |             |
| 74076 1 0<br>Effluent Gross                     | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | ***** | bbl/d | *****                    | *****            | *****                 | ***** |        | Monthly               | ESTIMA      |

|  |   |  |  |            |
|--|---|--|--|------------|
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|  |   |  |  |            |
| TYPED OR PRINTED                       |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |  | AREA Code  |
|  |   |  |  | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1 Chemical Inventory, refer to Attachment X

## DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148

PERMIT NUMBER

010A-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

10/01/2014

MM/DD/YYYY

10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge ☐

| PARAMETER                     |                       | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|-------------------------------|-----------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|                               |                       | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Free Oil Visual Sheen         | SAMPLE<br>MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51689 RW 0<br>Receiving Water | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |
| Flow                          | SAMPLE<br>MEASUREMENT |                     | ***** |       | *****                    | ***** | *****                 | ***** |           |                          |                |
| 74076 1 0<br>Effluent Gross   | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | ***** | bbl/d | *****                    | ***** | *****                 | ***** |           | Monthly                  | ESTIMA         |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE   |        | DATE       |
|--|---|---|--------|------------|
|  |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR<br>AUTHORIZED AGENT |        |            |
| TYPED OR PRINTED                       |   |   |        |            |
|  |   | AREA Code   | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148

PERMIT NUMBER

011A-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

10/01/2014

MM/DD/YYYY

10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Bilge Water

External Outfall

No Discharge ☐

| PARAMETER                                       |                    | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
|   |                    | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |        |                       |             |
| Free Oil Visual Sheen                           | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 51689 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |
| Floating solids or visible foam-<br>visual/days | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 51705 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |
| Flow  | SAMPLE MEASUREMENT |                     | ***** |       | *****                    | ***** | *****                 | ***** |        |                       |             |
| 74076 1 0<br>Effluent Gross                     | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | ***** | bbl/d | *****                    | ***** | *****                 | ***** |        | Monthly               | ESTIMA      |

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|  |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |        |            |
| TYPED OR PRINTED                       |   |  |        |            |
|  |   | AREA Code  | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 012A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 10/01/2014        | 10/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Boiler Blowdown

External Outfall

No Discharge ☐

| PARAMETER                                       |                       | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|---|-----------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|   |                       | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Floating solids or visible foam-<br>visual/days | SAMPLE<br>MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51705 RW 0<br>Receiving Water                   | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |

|  |   |   |  |           |            |
|--|---|---|--|-----------|------------|
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|  |   |   |  |           |            |
| TYPED OR PRINTED                       |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR<br>AUTHORIZED AGENT |  | AREA Code | NUMBER     |
|  |   |   |  |           | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 013A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 10/01/2014        | 10/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Test Fluids

External Outfall

No Discharge ☐

| PARAMETER                                       |                    | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
|   |                    | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |        |                       |             |
| Free Oil Visual Sheen                           | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 51689 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |
| Floating solids or visible foam-<br>visual/days | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 51705 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |
| Flow  | SAMPLE MEASUREMENT |                     | ***** |       | *****                    | ***** | *****                 | ***** |        |                       |             |
| 74076 1 0<br>Effluent Gross                     | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | ***** | bbl/d | *****                    | ***** | *****                 | ***** |        | Monthly               | ESTIMA      |

|  |   |  |  |            |
|--|---|--|--|------------|
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|  |   |  |  |            |
| TYPED OR PRINTED                       |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |  | AREA Code  |
|  |   |  |  | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 014A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 10/01/2014        | 10/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge ☐

| PARAMETER                                       |                       | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|---|-----------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|   |                       | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Free Oil Visual Sheen                           | SAMPLE<br>MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51689 RW 0<br>Receiving Water                   | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |
| Floating solids or visible foam-<br>visual/days | SAMPLE<br>MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51705 RW 0<br>Receiving Water                   | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |

|  |   |   |        |            |
|--|---|---|--------|------------|
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|  |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR<br>AUTHORIZED AGENT |        |            |
| TYPED OR PRINTED                       |   | AREA Code   | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 015A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 10/01/2014        | 10/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge ☐

| PARAMETER                                       |                       | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|---|-----------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|   |                       | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Floating solids or visible foam-<br>visual/days | SAMPLE<br>MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51705 RW 0<br>Receiving Water                   | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |

|  |   |   |        |            |
|--|---|---|--------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE   |        | DATE       |
|  |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR<br>AUTHORIZED AGENT |        |            |
| TYPED OR PRINTED                       |   | AREA Code   | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 016A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 10/01/2014        | 10/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge ☐

| PARAMETER                                   |                    | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
|   |                    | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |        |                       |             |
| Floating solids or visible foam-visual/days | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 51705 RW 0<br>Receiving Water               | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |

|  |   |  |  |           |            |
|--|---|--|--|-----------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE  |  | DATE      |            |
|  |   |  |  |           |            |
| TYPED OR PRINTED                       |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |  | AREA Code | NUMBER     |
|  |   |  |  |           | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 017A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 10/01/2014        | 10/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge ☐

| PARAMETER                                       |                    | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|   |                    | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Free Oil Visual Sheen                           | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51689 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |
| Floating solids or visible foam-<br>visual/days | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51705 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |

|  |   |  |        |            |
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|  |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |        |            |
| TYPED OR PRINTED                       |   | AREA Code  | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 018A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 10/01/2014        | 10/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Laboratory Waste

External Outfall

No Discharge ☐

| PARAMETER                                       |                    | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
|   |                    | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |        |                       |             |
| Free Oil Visual Sheen                           | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 51689 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |
| Floating solids or visible foam-<br>visual/days | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 51705 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |

|  |   |  |        |            |
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| TYPED OR PRINTED                       |   | AREA Code  | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Laboratory Waste coming with Produced Water

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 019A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 10/01/2014        | 10/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge ☐

| PARAMETER                                       |                    | QUANTITY OR LOADING |       |        | QUALITY OR CONCENTRATION |       |                       |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|--------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
|   |                    | VALUE               | VALUE | UNITS  | VALUE                    | VALUE | VALUE                 | UNITS |        |                       |             |
| Free Oil Visual Sheen                           | SAMPLE MEASUREMENT | *****               | ***** | *****  | *****                    | ***** |                       |       |        |                       |             |
| 51689 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | *****  | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |
| Floating solids or visible foam-<br>visual/days | SAMPLE MEASUREMENT | *****               | ***** | *****  | *****                    | ***** |                       |       |        |                       |             |
| 51705 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | *****  | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |
| Flow  | SAMPLE MEASUREMENT |                     | ***** |        | *****                    | ***** | *****                 | ***** |        |                       |             |
| 74076 1 0<br>Effluent Gross                     | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | ***** | bbl/d  | *****                    | ***** | *****                 | ***** |        | Monthly               | ESTIMA      |
| Flow  | SAMPLE MEASUREMENT |                     | ***** |        | *****                    | ***** | *****                 | ***** |        |                       |             |
| 74076 EG 0<br>Effluent Gross                    | PERMIT REQUIREMENT | 1200<br>YTD TOT     | ***** | bbl/yr | *****                    | ***** | *****                 | ***** |        | Annual                | CALCTD      |

|  |   |  |  |            |
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|  |   |  |  | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 020A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 10/01/2014        | 10/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge ☐

| PARAMETER                                       |                       | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|---|-----------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|   |                       | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Free Oil Visual Sheen                           | SAMPLE<br>MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51689 RW 0<br>Receiving Water                   | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |
| Floating solids or visible foam-<br>visual/days | SAMPLE<br>MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51705 RW 0<br>Receiving Water                   | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |

|  |   |   |        |            |
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| TYPED OR PRINTED                       |   | AREA Code   | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 021A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 10/01/2014        | 10/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Hydrotest Water

External Outfall

No Discharge ☐

| PARAMETER                                       |                    | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
|   |                    | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |        |                       |             |
| Chlorine, total residual                        | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 50060 1 0<br>Effluent Gross                     | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>DAILY MX | ug/L  |        | Monthly               | GRAB        |
| Free Oil Visual Sheen                           | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 51689 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |
| Floating solids or visible foam-<br>visual/days | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 51705 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |
| Flow  | SAMPLE MEASUREMENT |                     | ***** |       | *****                    | ***** | *****                 | ***** |        |                       |             |
| 74076 1 0<br>Effluent Gross                     | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | ***** | bbl/d | *****                    | ***** | *****                 | ***** |        | Monthly               | ESTIMA      |

|  |   |  |  |            |
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|  |   |  |  | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.
2. Submit RP analysis per permit requirement after sampling is completed.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148

PERMIT NUMBER

022A-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

10/01/2014

MM/DD/YYYY

10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge ☐

| PARAMETER                                       |                    | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|   |                    | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Free Oil Visual Sheen                           | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51689 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |
| Floating solids or visible foam-<br>visual/days | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51705 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |
| Flow  | SAMPLE MEASUREMENT |                     | ***** |       | *****                    | ***** | *****                 | ***** |           |                          |                |
| 74076 1 0<br>Effluent Gross                     | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | ***** | bbl/d | *****                    | ***** | *****                 | ***** |           | Monthly                  | ESTIMA         |

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| TYPED OR PRINTED                       |   |   |        |            |
|  |   | AREA Code   | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BETA OFFSHORE PLATFORM ELLY - CAG28000**ADDRESS:** 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802**FACILITY:** PLATFORM ELLY**LOCATION:** LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 001A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 11/01/2014        | 11/30/2014       |

**DMR Mailing ZIP CODE:** 90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

| PARAMETER  |                    | QUANTITY OR LOADING |                    |          | QUALITY OR CONCENTRATION |       |                    |       | NO. EX | FREQUENCY OF ANALYSIS  | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|----------|--------------------------|-------|--------------------|-------|--------|------------------------|-------------|
|  |                    | VALUE               | VALUE              | UNITS    | VALUE                    | VALUE | VALUE              | UNITS |        |                        |             |
| Oil based fluids, non-aqueous based drilling fluids and cuttings | SAMPLE MEASUREMENT |                     | *****              |          | *****                    | ***** | *****              | ***** |        |                        |             |
| 51707 1 0<br>Effluent Gross                                      | PERMIT REQUIREMENT | Req. Mon. VALUE     | *****              | Y=1;N=0  | *****                    | ***** | *****              | ***** |        | End Of Well            | GRAB        |
| Cadmium [Cd], in barite, dry weight                              | SAMPLE MEASUREMENT |                     | *****              |          | *****                    | ***** |                    |       |        |                        |             |
| 78244 1 0<br>Effluent Gross                                      | PERMIT REQUIREMENT | *****               | *****              | *****    | *****                    | ***** | 3 DAILY MX         | mg/kg |        | Once per Batch         | GRAB        |
| Mercury [Hg], in barite, dry weight                              | SAMPLE MEASUREMENT |                     | *****              |          | *****                    | ***** |                    |       |        |                        |             |
| 78245 1 0<br>Effluent Gross                                      | PERMIT REQUIREMENT | *****               | *****              | *****    | *****                    | ***** | 1 DAILY MX         | mg/kg |        | Once per Batch         | GRAB        |
| Drilling fluids, free oil  | SAMPLE MEASUREMENT |                     | *****              |          | *****                    | ***** |                    |       |        |                        |             |
| 82589 1 0<br>Effluent Gross                                      | PERMIT REQUIREMENT | *****               | *****              | *****    | *****                    | ***** | Req. Mon. MO TOTAL | d     |        | Daily when Discharging | GRAB        |
| Drilling fluids, volume  | SAMPLE MEASUREMENT |                     | *****              |          | *****                    | ***** | *****              | ***** |        |                        |             |
| 82594 1 0<br>Effluent Gross                                      | PERMIT REQUIREMENT | *****               | Req. Mon. DAILY MX | bbl      | *****                    | ***** | *****              | ***** |        | Daily                  | ESTIMA      |
| Drilling fluids, volume  | SAMPLE MEASUREMENT |                     | *****              |          | *****                    | ***** | *****              | ***** |        |                        |             |
| 82594 EG 0<br>Effluent Gross                                     | PERMIT REQUIREMENT | *****               | 49950 YTD TOT      | bbl      | *****                    | ***** | *****              | ***** |        | Annual                 | CALCTD      |
| Drill cuttings, free oil   | SAMPLE MEASUREMENT |                     | *****              |          | *****                    | ***** |                    |       |        |                        |             |
| 82595 1 0<br>Effluent Gross                                      | PERMIT REQUIREMENT | *****               | Req. Mon. MO TOTAL | occur/mo | *****                    | ***** | Req. Mon. MO TOTAL | d     |        | Daily                  | GRAB        |

|  |   |  |  |                             |
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## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
2. Drill fluid inventory refer to Attachment.
3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148

PERMIT NUMBER

001A-A

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

## MONITORING PERIOD

MM/DD/YYYY

11/01/2014

MM/DD/YYYY

11/30/2014

| PARAMETER                           |                    | QUANTITY OR LOADING |                       |       | QUALITY OR CONCENTRATION |       |       |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------------------|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
|                                     |                    | VALUE               | VALUE                 | UNITS | VALUE                    | VALUE | VALUE | UNITS |        |                       |             |
| Drilling cuttings, volume           | SAMPLE MEASUREMENT | *****               |                       |       | *****                    | ***** | ***** | ***** |        |                       |             |
| 82596 1 0<br>Effluent Gross         | PERMIT REQUIREMENT | *****               | Req. Mon.<br>DAILY MX | bbl   | *****                    | ***** | ***** | ***** |        | Daily                 | ESTIMA      |
| Drilling cuttings, volume           | SAMPLE MEASUREMENT | *****               |                       |       | *****                    | ***** | ***** | ***** |        |                       |             |
| 82596 EG 0<br>Effluent Gross        | PERMIT REQUIREMENT | *****               | 18150<br>YTD TOT      | bbl   | *****                    | ***** | ***** | ***** |        | Annual                | CALCTD      |
| LC50 Static 96Hr Acute Mysid. Bahia | SAMPLE MEASUREMENT | *****               | *****                 | ***** |                          | ***** | ***** |       |        |                       |             |
| TAB3E 1 0<br>Effluent Gross         | PERMIT REQUIREMENT | *****               | *****                 | ***** | 3<br>MINIMUM             | ***** | ***** | %     |        | Contingent            | GRAB        |
| LC50 Static 96Hr Acute Mysid. Bahia | SAMPLE MEASUREMENT | *****               | *****                 | ***** |                          | ***** | ***** |       |        |                       |             |
| TAB3E EG 0<br>Effluent Gross        | PERMIT REQUIREMENT | *****               | *****                 | ***** | 3<br>MINIMUM             | ***** | ***** | %     |        | Contingent            | GRAB        |
| LC50 Static 96Hr Acute Mysid. Bahia | SAMPLE MEASUREMENT | *****               | *****                 | ***** |                          | ***** | ***** |       |        |                       |             |
| TAB3E O 0<br>See Comments           | PERMIT REQUIREMENT | *****               | *****                 | ***** | 3<br>MINIMUM             | ***** | ***** | %     |        | Contingent            | GRAB        |

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| TYPED OR PRINTED                       |   |  |        |            |
|  |   | AREA Code  | NUMBER | MM/DD/YYYY |

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
2. Drill fluid inventory refer to Attachment.
3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148

PERMIT NUMBER

002A-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

11/01/2014

MM/DD/YYYY

11/30/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge ☐

| PARAMETER                          |                    | QUANTITY OR LOADING |                     |        | QUALITY OR CONCENTRATION |              |                |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|---------------------|--------|--------------------------|--------------|----------------|-------|--------|-----------------------|-------------|
|                                    |                    | VALUE               | VALUE               | UNITS  | VALUE                    | VALUE        | VALUE          | UNITS |        |                       |             |
| Oil and grease, hexane extr method | SAMPLE MEASUREMENT | *****               | *****               | *****  | *****                    |              |                |       |        |                       |             |
| 00552 1 0<br>Effluent Gross        | PERMIT REQUIREMENT | *****               | *****               | *****  | *****                    | 29<br>MO AVG | 42<br>DAILY MX | mg/L  |        | Weekly                | GRAB        |
| Produced water, flow               | SAMPLE MEASUREMENT |                     | *****               |        | *****                    | *****        | *****          | ***** |        |                       |             |
| 82600 1 0<br>Effluent Gross        | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | *****               | bbl/d  | *****                    | *****        | *****          | ***** |        | Daily                 | ESTIMA      |
| Produced water, flow               | SAMPLE MEASUREMENT | *****               |                     |        | *****                    | *****        | *****          | ***** |        |                       |             |
| 82600 0 0<br>See Comments          | PERMIT REQUIREMENT | *****               | 10950000<br>YTD TOT | bbl/yr | *****                    | *****        | *****          | ***** |        | Annual                | CALCTD      |

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| TYPED OR PRINTED                       |   |  |        |            |
|  |   | AREA Code  | NUMBER | MM/DD/YYYY |

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. WTCWF, Deck Drainage, Domestic Waste & Fire Control Water are commingled with PW & processed at platform Elly..
2. Produced water annual cumulative flow from March 1st thru Feb 28th each year
3. Values listed in the DMR for zinc are post dilution including the limits.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 003A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 11/01/2014        | 11/30/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluid

External Outfall

No Discharge ☐

| PARAMETER                   |                    | QUANTITY OR LOADING |                       |          | QUALITY OR CONCENTRATION |              |                |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-----------------------|----------|--------------------------|--------------|----------------|-------|--------|-----------------------|-------------|
|                             |                    | VALUE               | VALUE                 | UNITS    | VALUE                    | VALUE        | VALUE          | UNITS |        |                       |             |
| Well fluids, oil & grease   | SAMPLE MEASUREMENT | *****               | *****                 | *****    | *****                    |              |                |       |        |                       |             |
| 04379 1 0<br>Effluent Gross | PERMIT REQUIREMENT | *****               | *****                 | *****    | *****                    | 29<br>MO AVG | 42<br>DAILY MX | mg/L  |        | Once per Occurance    | GRAB        |
| Number of Events            | SAMPLE MEASUREMENT | *****               |                       |          | *****                    | *****        | *****          | ***** |        |                       |             |
| 51484 1 0<br>Effluent Gross | PERMIT REQUIREMENT | *****               | Req. Mon.<br>TOTAL    | #        | *****                    | *****        | *****          | ***** |        | Once per Occurance    | CALCTD      |
| Well fluids, free oil       | SAMPLE MEASUREMENT | *****               |                       |          | *****                    | *****        | *****          | ***** |        |                       |             |
| 82603 1 0<br>Effluent Gross | PERMIT REQUIREMENT | *****               | Req. Mon.<br>MO TOTAL | occur/mo | *****                    | *****        | *****          | ***** |        | Once per Discharge    | GRAB        |
| Well fluids, volume         | SAMPLE MEASUREMENT |                     |                       |          | *****                    | *****        | *****          | ***** |        |                       |             |
| 82604 1 0<br>Effluent Gross | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>MO TOTAL | bbl      | *****                    | *****        | *****          | ***** |        | Once per Occurance    | ESTIMA      |

|  |   |  |  |            |
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| TYPED OR PRINTED                       |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |  | AREA Code  |
|  |   |  |  | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Type and # of Job: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.
3. Chemical Inventory, Refer to Attachment 'X'

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 004A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 11/01/2014        | 11/30/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Deck Drainage

External Outfall

No Discharge ☐

| PARAMETER                     |                       | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|-------------------------------|-----------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|                               |                       | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Flow rate, deck drainage      | SAMPLE<br>MEASUREMENT |                     | ***** |       | *****                    | ***** | *****                 | ***** |           |                          |                |
| 51666 1 0<br>Effluent Gross   | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | ***** | bbl/d | *****                    | ***** | *****                 | ***** |           | Monthly                  | ESTIMA         |
| Free Oil Visual Sheen         | SAMPLE<br>MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51689 RW 0<br>Receiving Water | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |

|  |   |   |        |            |
|--|---|---|--------|------------|
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| TYPED OR PRINTED                       |   | AREA Code   | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Free Oil Sheen - # days observed (see attach report).
2. Deck Drainage is commingled with Produced Water

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 005A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 11/01/2014        | 11/30/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge ☐

| PARAMETER                                |                    | QUANTITY OR LOADING |                       |         | QUALITY OR CONCENTRATION |              |               |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|---------|--------------------------|--------------|---------------|-------|--------|-----------------------|-------------|
|  |                    | VALUE               | VALUE                 | UNITS   | VALUE                    | VALUE        | VALUE         | UNITS |        |                       |             |
| Flow rate, domestic                      | SAMPLE MEASUREMENT |                     | *****                 |         | *****                    | *****        | *****         | ***** |        |                       |             |
| 51667 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | *****                 | bbl/d   | *****                    | *****        | *****         | ***** |        | Monthly               | ESTIMA      |
| Sanitary waste, residual chlorine        | SAMPLE MEASUREMENT | *****               | *****                 | *****   | *****                    |              |               |       |        |                       |             |
| 82605 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | *****   | *****                    | 1<br>MINIMUM | 10<br>MAXIMUM | mg/L  |        | Monthly               | GRAB        |
| Sanitary waste, flow                     | SAMPLE MEASUREMENT |                     | *****                 |         | *****                    | *****        | *****         | ***** |        |                       |             |
| 82606 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | *****                 | bbl/d   | *****                    | *****        | *****         | ***** |        | Monthly               | ESTIMA      |
| Sanitary waste, solids                   | SAMPLE MEASUREMENT | *****               |                       |         | *****                    | *****        | *****         | ***** |        |                       |             |
| 82607 RW 0<br>Receiving Water            | PERMIT REQUIREMENT | *****               | Req. Mon.<br>MO AVG   | # dis/d | *****                    | *****        | *****         | ***** |        | Daily                 | VISUAL      |
| Domestic waste, foam and floating solids | SAMPLE MEASUREMENT | *****               |                       |         | *****                    | *****        | *****         | ***** |        |                       |             |
| 82608 RW 0<br>Receiving Water            | PERMIT REQUIREMENT | *****               | Req. Mon.<br>MO TOTAL | #/mo    | *****                    | *****        | *****         | ***** |        | Daily                 | VISUAL      |

|  |   |  |  |            |
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|  |   |  |  | MM/DD/YYYY |

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Sanitary Waste is commingled and discharged with Sanitary Waste at platform Ellen . Domestic Waste is commingled with platform Elly's Produced Water at platform Elly, and platform Ellen's Sanitary Waste at platform Ellen

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 006A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 11/01/2014        | 11/30/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge ☐

| PARAMETER                                       |                    | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|   |                    | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Free Oil Visual Sheen                           | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51689 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |
| Floating solids or visible foam-<br>visual/days | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51705 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |

|  |   |  |        |            |
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| TYPED OR PRINTED                       |   | AREA Code  | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BETA OFFSHORE PLATFORM ELLY - CAG28000**ADDRESS:** 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802**FACILITY:** PLATFORM ELLY**LOCATION:** LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                          |                         |
|--------------------------|-------------------------|
| CAF001148                | 007A-A                  |
| <b>PERMIT NUMBER</b>     | <b>DISCHARGE NUMBER</b> |
| <b>MONITORING PERIOD</b> |                         |
| <b>MM/DD/YYYY</b>        | <b>MM/DD/YYYY</b>       |
| 11/01/2014               | 11/30/2014              |

**DMR Mailing ZIP CODE:** 90802

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge ☐

| PARAMETER                                   |                           | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---------------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
|   |                           | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |        |                       |             |
| Floating solids or visible foam-visual/days | <b>SAMPLE MEASUREMENT</b> | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 51705 RW 0<br>Receiving Water               | <b>PERMIT REQUIREMENT</b> | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |

|   |   |   |        |             |  |
|---|---|---|--------|-------------|--|
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|   |   |   |        |             |  |
| <b>TYPED OR PRINTED</b>                       |   | <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b> |        |             |  |
|   |   | AREA Code   | NUMBER | MM/DD/YYYY  |  |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 008A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 11/01/2014        | 11/30/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge ☐

| PARAMETER                                       |                       | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|---|-----------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|   |                       | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Floating solids or visible foam-<br>visual/days | SAMPLE<br>MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51705 RW 0<br>Receiving Water                   | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |

|  |   |   |        |            |
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| TYPED OR PRINTED                       |   | AREA Code   | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X
2. Fire Control System Water is commingled with Produced Water



## DISCHARGE MONITORING REPORT (DMR)

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LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 009A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 11/01/2014        | 11/30/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge ☐

| PARAMETER                                       |                    | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |                  |                       |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|------------------|-----------------------|-------|--------|-----------------------|-------------|
|   |                    | VALUE               | VALUE | UNITS | VALUE                    | VALUE            | VALUE                 | UNITS |        |                       |             |
| Chlorine, total residual                        | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    |                  |                       |       |        |                       |             |
| 50060 1 0<br>Effluent Gross                     | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | .00585<br>MO AVG | .0102<br>DAILY MX     | mg/L  |        | Quarterly             | GRAB        |
| Floating solids or visible foam-<br>visual/days | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    |                  |                       |       |        |                       |             |
| 51705 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    |                  | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |
| Flow  | SAMPLE MEASUREMENT |                     | ***** |       | *****                    | *****            | *****                 | ***** |        |                       |             |
| 74076 1 0<br>Effluent Gross                     | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | ***** | bbl/d | *****                    | *****            | *****                 | ***** |        | Monthly               | ESTIMA      |

|  |   |  |  |                             |
|--|---|--|--|-----------------------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE  |  | DATE                        |
|  |   |  |  |                             |
| TYPED OR PRINTED                       |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |  | AREA Code NUMBER MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1 Chemical Inventory, refer to Attachment X

## DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148

PERMIT NUMBER

010A-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

11/01/2014

MM/DD/YYYY

11/30/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge ☐

| PARAMETER                     |                       | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|-------------------------------|-----------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|                               |                       | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Free Oil Visual Sheen         | SAMPLE<br>MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51689 RW 0<br>Receiving Water | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |
| Flow                          | SAMPLE<br>MEASUREMENT |                     | ***** |       | *****                    | ***** | *****                 | ***** |           |                          |                |
| 74076 1 0<br>Effluent Gross   | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | ***** | bbl/d | *****                    | ***** | *****                 | ***** |           | Monthly                  | ESTIMA         |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE   |        | DATE       |
|--|---|---|--------|------------|
|  |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR<br>AUTHORIZED AGENT |        |            |
| TYPED OR PRINTED                       |   |   |        |            |
|  |   | AREA Code   | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 011A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 11/01/2014        | 11/30/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Bilge Water

External Outfall

No Discharge ☐

| PARAMETER                                       |                    | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
|   |                    | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |        |                       |             |
| Free Oil Visual Sheen                           | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 51689 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |
| Floating solids or visible foam-<br>visual/days | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 51705 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |
| Flow  | SAMPLE MEASUREMENT |                     | ***** |       | *****                    | ***** | *****                 | ***** |        |                       |             |
| 74076 1 0<br>Effluent Gross                     | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | ***** | bbl/d | *****                    | ***** | *****                 | ***** |        | Monthly               | ESTIMA      |

|  |   |  |  |            |
|--|---|--|--|------------|
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|  |   |  |  |            |
| TYPED OR PRINTED                       |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |  | AREA Code  |
|  |   |  |  | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BETA OFFSHORE PLATFORM ELLY - CAG28000**ADDRESS:** 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802**FACILITY:** PLATFORM ELLY**LOCATION:** LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                          |                         |
|--------------------------|-------------------------|
| CAF001148                | 012A-A                  |
| <b>PERMIT NUMBER</b>     | <b>DISCHARGE NUMBER</b> |
| <b>MONITORING PERIOD</b> |                         |
| <b>MM/DD/YYYY</b>        | <b>MM/DD/YYYY</b>       |
| 11/01/2014               | 11/30/2014              |

**DMR Mailing ZIP CODE:** 90802

MINOR

(SUBR FW)

Boiler Blowdown

External Outfall

No Discharge ☐

| PARAMETER                                       |                               | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|---|-------------------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|   |                               | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Floating solids or visible foam-<br>visual/days | <b>SAMPLE<br/>MEASUREMENT</b> | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51705 RW 0<br>Receiving Water                   | <b>PERMIT<br/>REQUIREMENT</b> | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |

|   |   |   |  |                  |        |             |
|---|---|---|--|------------------|--------|-------------|
| <b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b> | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR<br/>AUTHORIZED AGENT</b> |  | <b>TELEPHONE</b> |        | <b>DATE</b> |
|   |   |   |  |                  |        |             |
| <b>TYPED OR PRINTED</b>                       |   |   |  | AREA Code        | NUMBER | MM/DD/YYYY  |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 013A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 11/01/2014        | 11/30/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Test Fluids

External Outfall

No Discharge ☐

| PARAMETER                                       |                    | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
|   |                    | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |        |                       |             |
| Free Oil Visual Sheen                           | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 51689 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |
| Floating solids or visible foam-<br>visual/days | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 51705 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |
| Flow  | SAMPLE MEASUREMENT |                     | ***** |       | *****                    | ***** | *****                 | ***** |        |                       |             |
| 74076 1 0<br>Effluent Gross                     | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | ***** | bbl/d | *****                    | ***** | *****                 | ***** |        | Monthly               | ESTIMA      |

|  |   |  |  |            |
|--|---|--|--|------------|
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|  |   |  |  |            |
| TYPED OR PRINTED                       |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |  | AREA Code  |
|  |   |  |  | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 014A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 11/01/2014        | 11/30/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge ☐

| PARAMETER                                       |                    | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|   |                    | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Free Oil Visual Sheen                           | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51689 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |
| Floating solids or visible foam-<br>visual/days | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51705 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |

|  |   |   |  |            |
|--|---|---|--|------------|
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|  |   |   |  |            |
| TYPED OR PRINTED                       |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR<br>AUTHORIZED AGENT |  | AREA Code  |
|  |   |   |  | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BETA OFFSHORE PLATFORM ELLY - CAG28000**ADDRESS:** 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802**FACILITY:** PLATFORM ELLY**LOCATION:** LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                      |                         |
|----------------------|-------------------------|
| CAF001148            | 015A-A                  |
| <b>PERMIT NUMBER</b> | <b>DISCHARGE NUMBER</b> |

|                          |                   |
|--------------------------|-------------------|
| <b>MONITORING PERIOD</b> |                   |
| <b>MM/DD/YYYY</b>        | <b>MM/DD/YYYY</b> |
| 11/01/2014               | 11/30/2014        |

**DMR Mailing ZIP CODE:** 90802

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge ☐

| PARAMETER                                       |                               | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|---|-------------------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|   |                               | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Floating solids or visible foam-<br>visual/days | <b>SAMPLE<br/>MEASUREMENT</b> | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51705 RW 0<br>Receiving Water                   | <b>PERMIT<br/>REQUIREMENT</b> | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |

|   |   |   |               |             |                   |
|---|---|---|---------------|-------------|-------------------|
| <b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b> | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | <b>TELEPHONE</b>  |               | <b>DATE</b> |                   |
|   |   |   |               |             |                   |
| <b>TYPED OR PRINTED</b>                       |   | <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR<br/>AUTHORIZED AGENT</b> |               |             |                   |
|   |   | <b>AREA Code</b>  | <b>NUMBER</b> |             |                   |
|   |   |   |               |             | <b>MM/DD/YYYY</b> |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BETA OFFSHORE PLATFORM ELLY - CAG28000**ADDRESS:** 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802**FACILITY:** PLATFORM ELLY**LOCATION:** LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                          |                         |
|--------------------------|-------------------------|
| CAF001148                | 016A-A                  |
| <b>PERMIT NUMBER</b>     | <b>DISCHARGE NUMBER</b> |
| <b>MONITORING PERIOD</b> |                         |
| <b>MM/DD/YYYY</b>        | <b>MM/DD/YYYY</b>       |
| 11/01/2014               | 11/30/2014              |

**DMR Mailing ZIP CODE:** 90802

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge ☐

| PARAMETER                                       |                               | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|---|-------------------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|   |                               | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Floating solids or visible foam-<br>visual/days | <b>SAMPLE<br/>MEASUREMENT</b> | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51705 RW 0<br>Receiving Water                   | <b>PERMIT<br/>REQUIREMENT</b> | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |

|   |   |   |        |             |
|---|---|---|--------|-------------|
| <b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b> | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | <b>TELEPHONE</b>  |        | <b>DATE</b> |
|   |   |   |        |             |
| <b>TYPED OR PRINTED</b>                       |   | <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR<br/>AUTHORIZED AGENT</b> |        |             |
|   |   | AREA Code   | NUMBER | MM/DD/YYYY  |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 017A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 11/01/2014        | 11/30/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge ☐

| PARAMETER                                       |                    | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|   |                    | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Free Oil Visual Sheen                           | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51689 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |
| Floating solids or visible foam-<br>visual/days | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51705 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |

|  |   |  |        |            |
|--|---|--|--------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE  |        | DATE       |
|  |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |        |            |
| TYPED OR PRINTED                       |   | AREA Code  | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148

PERMIT NUMBER

018A-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

11/01/2014

MM/DD/YYYY

11/30/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Laboratory Waste

External Outfall

No Discharge ☐

| PARAMETER                                       |                       | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|---|-----------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|   |                       | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Free Oil Visual Sheen                           | SAMPLE<br>MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51689 RW 0<br>Receiving Water                   | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |
| Floating solids or visible foam-<br>visual/days | SAMPLE<br>MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51705 RW 0<br>Receiving Water                   | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |

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|--|---|---|--------|------------|
|  |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR<br>AUTHORIZED AGENT |        |            |
| TYPED OR PRINTED                       |   |   |        |            |
|  |   | AREA Code   | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Laboratory Waste comingle with Produced Water

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 019A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 11/01/2014        | 11/30/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge ☐

| PARAMETER                                       |                    | QUANTITY OR LOADING |       |        | QUALITY OR CONCENTRATION |       |                       |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|--------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
|   |                    | VALUE               | VALUE | UNITS  | VALUE                    | VALUE | VALUE                 | UNITS |        |                       |             |
| Free Oil Visual Sheen                           | SAMPLE MEASUREMENT | *****               | ***** | *****  | *****                    | ***** |                       |       |        |                       |             |
| 51689 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | *****  | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |
| Floating solids or visible foam-<br>visual/days | SAMPLE MEASUREMENT | *****               | ***** | *****  | *****                    | ***** |                       |       |        |                       |             |
| 51705 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | *****  | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |
| Flow  | SAMPLE MEASUREMENT |                     | ***** |        | *****                    | ***** | *****                 | ***** |        |                       |             |
| 74076 1 0<br>Effluent Gross                     | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | ***** | bbl/d  | *****                    | ***** | *****                 | ***** |        | Monthly               | ESTIMA      |
| Flow  | SAMPLE MEASUREMENT |                     | ***** |        | *****                    | ***** | *****                 | ***** |        |                       |             |
| 74076 EG 0<br>Effluent Gross                    | PERMIT REQUIREMENT | 1200<br>YTD TOT     | ***** | bbl/yr | *****                    | ***** | *****                 | ***** |        | Annual                | CALCTD      |

|  |   |  |  |            |
|--|---|--|--|------------|
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|  |   |  |  | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

## DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 020A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 11/01/2014        | 11/30/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge ☐

| PARAMETER                                       |                    | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|   |                    | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Free Oil Visual Sheen                           | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51689 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |
| Floating solids or visible foam-<br>visual/days | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51705 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |

|  |   |  |        |            |
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| TYPED OR PRINTED                       |   | AREA Code  | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 021A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 11/01/2014        | 11/30/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Hydrotest Water

External Outfall

No Discharge ☐

| PARAMETER                                       |                    | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
|   |                    | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |        |                       |             |
| Chlorine, total residual                        | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 50060 1 0<br>Effluent Gross                     | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>DAILY MX | ug/L  |        | Monthly               | GRAB        |
| Free Oil Visual Sheen                           | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 51689 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |
| Floating solids or visible foam-<br>visual/days | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 51705 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |
| Flow  | SAMPLE MEASUREMENT |                     | ***** |       | *****                    | ***** | *****                 | ***** |        |                       |             |
| 74076 1 0<br>Effluent Gross                     | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | ***** | bbl/d | *****                    | ***** | *****                 | ***** |        | Monthly               | ESTIMA      |

|  |   |  |  |            |
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|  |   |  |  | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.
2. Submit RP analysis per permit requirement after sampling is completed.

## DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148

PERMIT NUMBER

022A-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

11/01/2014

MM/DD/YYYY

11/30/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge ☐

| PARAMETER                                       |                    | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|   |                    | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Free Oil Visual Sheen                           | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51689 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |
| Floating solids or visible foam-<br>visual/days | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51705 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |
| Flow  | SAMPLE MEASUREMENT |                     | ***** |       | *****                    | ***** | *****                 | ***** |           |                          |                |
| 74076 1 0<br>Effluent Gross                     | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | ***** | bbl/d | *****                    | ***** | *****                 | ***** |           | Monthly                  | ESTIMA         |

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| TYPED OR PRINTED                       |   |   |        |            |
|  |   | AREA Code   | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 001A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 12/01/2014        | 12/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

| PARAMETER  |                    | QUANTITY OR LOADING |                       |          | QUALITY OR CONCENTRATION |       |                       |       | NO. EX | FREQUENCY OF ANALYSIS  | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|----------|--------------------------|-------|-----------------------|-------|--------|------------------------|-------------|
|  |                    | VALUE               | VALUE                 | UNITS    | VALUE                    | VALUE | VALUE                 | UNITS |        |                        |             |
| Oil based fluids, non-aqueous based drilling fluids and cuttings | SAMPLE MEASUREMENT |                     | *****                 |          | *****                    | ***** | *****                 | ***** |        |                        |             |
| 51707 1 0<br>Effluent Gross                                      | PERMIT REQUIREMENT | Req. Mon. VALUE     | *****                 | Y=1;N=0  | *****                    | ***** | *****                 | ***** |        | End Of Well            | GRAB        |
| Cadmium [Cd], in barite, dry weight                              | SAMPLE MEASUREMENT | *****               | *****                 | *****    | *****                    | ***** |                       |       |        |                        |             |
| 78244 1 0<br>Effluent Gross                                      | PERMIT REQUIREMENT | *****               | *****                 | *****    | *****                    | ***** | 3<br>DAILY MX         | mg/kg |        | Once per Batch         | GRAB        |
| Mercury [Hg], in barite, dry weight                              | SAMPLE MEASUREMENT | *****               | *****                 | *****    | *****                    | ***** |                       |       |        |                        |             |
| 78245 1 0<br>Effluent Gross                                      | PERMIT REQUIREMENT | *****               | *****                 | *****    | *****                    | ***** | 1<br>DAILY MX         | mg/kg |        | Once per Batch         | GRAB        |
| Drilling fluids, free oil  | SAMPLE MEASUREMENT | *****               | *****                 | *****    | *****                    | ***** |                       |       |        |                        |             |
| 82589 1 0<br>Effluent Gross                                      | PERMIT REQUIREMENT | *****               | *****                 | *****    | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily when Discharging | GRAB        |
| Drilling fluids, volume  | SAMPLE MEASUREMENT | *****               |                       |          | *****                    | ***** | *****                 | ***** |        |                        |             |
| 82594 1 0<br>Effluent Gross                                      | PERMIT REQUIREMENT | *****               | Req. Mon.<br>DAILY MX | bbl      | *****                    | ***** | *****                 | ***** |        | Daily                  | ESTIMA      |
| Drilling fluids, volume  | SAMPLE MEASUREMENT | *****               |                       |          | *****                    | ***** | *****                 | ***** |        |                        |             |
| 82594 EG 0<br>Effluent Gross                                     | PERMIT REQUIREMENT | *****               | 49950<br>YTD TOT      | bbl      | *****                    | ***** | *****                 | ***** |        | Annual                 | CALCTD      |
| Drill cuttings, free oil   | SAMPLE MEASUREMENT | *****               |                       |          | *****                    | ***** |                       |       |        |                        |             |
| 82595 1 0<br>Effluent Gross                                      | PERMIT REQUIREMENT | *****               | Req. Mon.<br>MO TOTAL | occur/mo | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                  | GRAB        |

|  |   |  |  |            |
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|  |   |  |  | MM/DD/YYYY |

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
2. Drill fluid inventory refer to Attachment.
3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 001A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 12/01/2014        | 12/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

| PARAMETER                           |                    | QUANTITY OR LOADING |                       |       | QUALITY OR CONCENTRATION |       |       |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------------------|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
|                                     |                    | VALUE               | VALUE                 | UNITS | VALUE                    | VALUE | VALUE | UNITS |        |                       |             |
| Drilling cuttings, volume           | SAMPLE MEASUREMENT | *****               |                       |       | *****                    | ***** | ***** | ***** |        |                       |             |
| 82596 1 0<br>Effluent Gross         | PERMIT REQUIREMENT | *****               | Req. Mon.<br>DAILY MX | bbl   | *****                    | ***** | ***** | ***** |        | Daily                 | ESTIMA      |
| Drilling cuttings, volume           | SAMPLE MEASUREMENT | *****               |                       |       | *****                    | ***** | ***** | ***** |        |                       |             |
| 82596 EG 0<br>Effluent Gross        | PERMIT REQUIREMENT | *****               | 18150<br>YTD TOT      | bbl   | *****                    | ***** | ***** | ***** |        | Annual                | CALCTD      |
| LC50 Static 96Hr Acute Mysid. Bahia | SAMPLE MEASUREMENT | *****               | *****                 | ***** |                          | ***** | ***** |       |        |                       |             |
| TAB3E 1 0<br>Effluent Gross         | PERMIT REQUIREMENT | *****               | *****                 | ***** | 3<br>MINIMUM             | ***** | ***** | %     |        | Contingent            | GRAB        |
| LC50 Static 96Hr Acute Mysid. Bahia | SAMPLE MEASUREMENT | *****               | *****                 | ***** |                          | ***** | ***** |       |        |                       |             |
| TAB3E EG 0<br>Effluent Gross        | PERMIT REQUIREMENT | *****               | *****                 | ***** | 3<br>MINIMUM             | ***** | ***** | %     |        | Contingent            | GRAB        |
| LC50 Static 96Hr Acute Mysid. Bahia | SAMPLE MEASUREMENT | *****               | *****                 | ***** |                          | ***** | ***** |       |        |                       |             |
| TAB3E O 0<br>See Comments           | PERMIT REQUIREMENT | *****               | *****                 | ***** | 3<br>MINIMUM             | ***** | ***** | %     |        | Contingent            | GRAB        |

|  |   |  |  |            |
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|  |   |  |  | MM/DD/YYYY |

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
2. Drill fluid inventory refer to Attachment.
3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148

PERMIT NUMBER

002A-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

12/01/2014

MM/DD/YYYY

12/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge ☐

| PARAMETER                          |                    | QUANTITY OR LOADING |                     |        | QUALITY OR CONCENTRATION |              |                |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|---------------------|--------|--------------------------|--------------|----------------|-------|--------|-----------------------|-------------|
|                                    |                    | VALUE               | VALUE               | UNITS  | VALUE                    | VALUE        | VALUE          | UNITS |        |                       |             |
| Oil and grease, hexane extr method | SAMPLE MEASUREMENT | *****               | *****               | *****  | *****                    |              |                |       |        |                       |             |
| 00552 1 0<br>Effluent Gross        | PERMIT REQUIREMENT | *****               | *****               | *****  | *****                    | 29<br>MO AVG | 42<br>DAILY MX | mg/L  |        | Weekly                | GRAB        |
| Produced water, flow               | SAMPLE MEASUREMENT |                     | *****               |        | *****                    | *****        | *****          | ***** |        |                       |             |
| 82600 1 0<br>Effluent Gross        | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | *****               | bbl/d  | *****                    | *****        | *****          | ***** |        | Daily                 | ESTIMA      |
| Produced water, flow               | SAMPLE MEASUREMENT | *****               |                     |        | *****                    | *****        | *****          | ***** |        |                       |             |
| 82600 0 0<br>See Comments          | PERMIT REQUIREMENT | *****               | 10950000<br>YTD TOT | bbl/yr | *****                    | *****        | *****          | ***** |        | Annual                | CALCTD      |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE  |        | DATE       |
|--|---|--|--------|------------|
|  |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |        |            |
| TYPED OR PRINTED                       |   |  |        |            |
|  |   | AREA Code  | NUMBER | MM/DD/YYYY |

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. WTCWF, Deck Drainage, Domestic Waste & Fire Control Water are commingled with PW & processed at platform Elly..
2. Produced water annual cumulative flow from March 1st thru Feb 28th each year
3. Values listed in the DMR for zinc are post dilution including the limits.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 002A-Q           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 10/01/2014        | 12/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Produce Water Quarterly

External Outfall

No Discharge ☐

| PARAMETER  |                    | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                    |                   | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------------------|--------|-----------------------|-------------|
|  |                    | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE              | UNITS             |        |                       |             |
| Pass/Fail Static 48Hr Chronic<br>Macrocystis pyrifera        | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                    |                   |        |                       |             |
| TKG1D 1 0<br>Effluent Gross                                  | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Opt. Mon.<br>VALUE | pass=0/fail<br>=1 |        | When<br>Discharging   | COMP24      |
| Pass/Fail Static 48Hr Chronic<br>Haliotis rufescens          | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                    |                   |        |                       |             |
| TKG3R 1 0<br>Effluent Gross                                  | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Opt. Mon.<br>VALUE | pass=0/fail<br>=1 |        | When<br>Discharging   | COMP24      |
| Pass/Fail Static Renewal 7 Day<br>Chronic Atherinops affinis | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                    |                   |        |                       |             |
| TGP6L 1 0<br>Effluent Gross                                  | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Opt. Mon.<br>VALUE | pass=0/fail<br>=1 |        | When<br>Discharging   | COMP24      |

|  |   |  |  |            |
|--|---|--|--|------------|
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|  |   |  |  |            |
| TYPED OR PRINTED                       |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |  | AREA Code  |
|  |   |  |  | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Toxicity collected only when discharging

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 003A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 12/01/2014        | 12/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluid

External Outfall

No Discharge ☐

| PARAMETER                   |                    | QUANTITY OR LOADING |                       |          | QUALITY OR CONCENTRATION |              |                |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-----------------------|----------|--------------------------|--------------|----------------|-------|--------|-----------------------|-------------|
|                             |                    | VALUE               | VALUE                 | UNITS    | VALUE                    | VALUE        | VALUE          | UNITS |        |                       |             |
| Well fluids, oil & grease   | SAMPLE MEASUREMENT | *****               | *****                 | *****    | *****                    |              |                |       |        |                       |             |
| 04379 1 0<br>Effluent Gross | PERMIT REQUIREMENT | *****               | *****                 | *****    | *****                    | 29<br>MO AVG | 42<br>DAILY MX | mg/L  |        | Once per Occurance    | GRAB        |
| Number of Events            | SAMPLE MEASUREMENT | *****               |                       |          | *****                    | *****        | *****          | ***** |        |                       |             |
| 51484 1 0<br>Effluent Gross | PERMIT REQUIREMENT | *****               | Req. Mon.<br>TOTAL    | #        | *****                    | *****        | *****          | ***** |        | Once per Occurance    | CALCTD      |
| Well fluids, free oil       | SAMPLE MEASUREMENT | *****               |                       |          | *****                    | *****        | *****          | ***** |        |                       |             |
| 82603 1 0<br>Effluent Gross | PERMIT REQUIREMENT | *****               | Req. Mon.<br>MO TOTAL | occur/mo | *****                    | *****        | *****          | ***** |        | Once per Discharge    | GRAB        |
| Well fluids, volume         | SAMPLE MEASUREMENT |                     |                       |          | *****                    | *****        | *****          | ***** |        |                       |             |
| 82604 1 0<br>Effluent Gross | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>MO TOTAL | bbl      | *****                    | *****        | *****          | ***** |        | Once per Occurance    | ESTIMA      |

|  |   |  |  |            |
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|  |   |  |  | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Type and # of Job: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.
3. Chemical Inventory, Refer to Attachment 'X'

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BETA OFFSHORE PLATFORM ELLY - CAG28000**ADDRESS:** 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802**FACILITY:** PLATFORM ELLY**LOCATION:** LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                          |                         |
|--------------------------|-------------------------|
| CAF001148                | 004A-A                  |
| <b>PERMIT NUMBER</b>     | <b>DISCHARGE NUMBER</b> |
| <b>MONITORING PERIOD</b> |                         |
| <b>MM/DD/YYYY</b>        | <b>MM/DD/YYYY</b>       |
| 12/01/2014               | 12/31/2014              |

**DMR Mailing ZIP CODE:** 90802

MINOR

(SUBR FW)

Deck Drainage

External Outfall

No Discharge ☐

| PARAMETER                     |                           | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|-------------------------------|---------------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|                               |                           | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Flow rate, deck drainage      | <b>SAMPLE MEASUREMENT</b> |                     | ***** |       | *****                    | ***** | *****                 | ***** |           |                          |                |
| 51666 1 0<br>Effluent Gross   | <b>PERMIT REQUIREMENT</b> | Req. Mon.<br>MO AVG | ***** | bbl/d | *****                    | ***** | *****                 | ***** |           | Monthly                  | ESTIMA         |
| Free Oil Visual Sheen         | <b>SAMPLE MEASUREMENT</b> | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51689 RW 0<br>Receiving Water | <b>PERMIT REQUIREMENT</b> | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |

|   |   |   |  |                  |                   |
|---|---|---|--|------------------|-------------------|
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|   |   |   |  |                  |                   |
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|   |   |   |  |                  | <b>MM/DD/YYYY</b> |

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. Free Oil Sheen - # days observed (see attach report).
2. Deck Drainage is commingled with Produced Water

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 005A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 12/01/2014        | 12/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge ☐

| PARAMETER                                |                    | QUANTITY OR LOADING |                       |         | QUALITY OR CONCENTRATION |              |               |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|---------|--------------------------|--------------|---------------|-------|--------|-----------------------|-------------|
|  |                    | VALUE               | VALUE                 | UNITS   | VALUE                    | VALUE        | VALUE         | UNITS |        |                       |             |
| Flow rate, domestic                      | SAMPLE MEASUREMENT |                     | *****                 |         | *****                    | *****        | *****         | ***** |        |                       |             |
| 51667 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | *****                 | bbl/d   | *****                    | *****        | *****         | ***** |        | Monthly               | ESTIMA      |
| Sanitary waste, residual chlorine        | SAMPLE MEASUREMENT | *****               | *****                 | *****   | *****                    |              |               |       |        |                       |             |
| 82605 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | *****   | *****                    | 1<br>MINIMUM | 10<br>MAXIMUM | mg/L  |        | Monthly               | GRAB        |
| Sanitary waste, flow                     | SAMPLE MEASUREMENT |                     | *****                 |         | *****                    | *****        | *****         | ***** |        |                       |             |
| 82606 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | *****                 | bbl/d   | *****                    | *****        | *****         | ***** |        | Monthly               | ESTIMA      |
| Sanitary waste, solids                   | SAMPLE MEASUREMENT | *****               |                       |         | *****                    | *****        | *****         | ***** |        |                       |             |
| 82607 RW 0<br>Receiving Water            | PERMIT REQUIREMENT | *****               | Req. Mon.<br>MO AVG   | # dis/d | *****                    | *****        | *****         | ***** |        | Daily                 | VISUAL      |
| Domestic waste, foam and floating solids | SAMPLE MEASUREMENT | *****               |                       |         | *****                    | *****        | *****         | ***** |        |                       |             |
| 82608 RW 0<br>Receiving Water            | PERMIT REQUIREMENT | *****               | Req. Mon.<br>MO TOTAL | #/mo    | *****                    | *****        | *****         | ***** |        | Daily                 | VISUAL      |

|  |   |  |  |            |
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|  |   |  |  | MM/DD/YYYY |

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Sanitary Waste is commingled and discharged with Sanitary Waste at platform Ellen . Domestic Waste is commingled with platform Elly's Produced Water at platform Elly, and platform Ellen's Sanitary Waste at platform Ellen

## DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 006A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 12/01/2014        | 12/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge ☐

| PARAMETER                                       |                    | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
|   |                    | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |        |                       |             |
| Free Oil Visual Sheen                           | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 51689 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |
| Floating solids or visible foam-<br>visual/days | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 51705 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |

|  |   |  |        |            |
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| TYPED OR PRINTED                       |   | AREA Code  | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BETA OFFSHORE PLATFORM ELLY - CAG28000**ADDRESS:** 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802**FACILITY:** PLATFORM ELLY**LOCATION:** LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                          |                         |
|--------------------------|-------------------------|
| CAF001148                | 007A-A                  |
| <b>PERMIT NUMBER</b>     | <b>DISCHARGE NUMBER</b> |
| <b>MONITORING PERIOD</b> |                         |
| <b>MM/DD/YYYY</b>        | <b>MM/DD/YYYY</b>       |
| 12/01/2014               | 12/31/2014              |

**DMR Mailing ZIP CODE:** 90802

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge ☐

| PARAMETER                                   |                           | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---------------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
|   |                           | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |        |                       |             |
| Floating solids or visible foam-visual/days | <b>SAMPLE MEASUREMENT</b> | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 51705 RW 0<br>Receiving Water               | <b>PERMIT REQUIREMENT</b> | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |

|   |   |   |        |             |  |
|---|---|---|--------|-------------|--|
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| <b>TYPED OR PRINTED</b>                       |   | <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b> |        |             |  |
|   |   | AREA Code   | NUMBER | MM/DD/YYYY  |  |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 008A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 12/01/2014        | 12/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge ☐

| PARAMETER                                       |                       | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|---|-----------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|   |                       | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Floating solids or visible foam-<br>visual/days | SAMPLE<br>MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51705 RW 0<br>Receiving Water                   | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |

|  |   |   |        |            |
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| TYPED OR PRINTED                       |   | AREA Code   | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X
2. Fire Control System Water is commingled with Produced Water



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148

PERMIT NUMBER

009A-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

12/01/2014

MM/DD/YYYY

12/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge ☐

| PARAMETER                                       |                    | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |                  |                       |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|------------------|-----------------------|-------|--------|-----------------------|-------------|
|   |                    | VALUE               | VALUE | UNITS | VALUE                    | VALUE            | VALUE                 | UNITS |        |                       |             |
| Chlorine, total residual                        | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    |                  |                       |       |        |                       |             |
| 50060 1 0<br>Effluent Gross                     | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | .00585<br>MO AVG | .0102<br>DAILY MX     | mg/L  |        | Quarterly             | GRAB        |
| Floating solids or visible foam-<br>visual/days | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    |                  |                       |       |        |                       |             |
| 51705 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    |                  | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |
| Flow  | SAMPLE MEASUREMENT |                     | ***** |       | *****                    | *****            | *****                 | ***** |        |                       |             |
| 74076 1 0<br>Effluent Gross                     | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | ***** | bbl/d | *****                    | *****            | *****                 | ***** |        | Monthly               | ESTIMA      |

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|--|---|--|--------|------------|
|  |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |        |            |
| TYPED OR PRINTED                       |   |  |        |            |
|  |   | AREA Code  | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1 Chemical Inventory, refer to Attachment X

## DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148

PERMIT NUMBER

010A-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

12/01/2014

MM/DD/YYYY

12/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge ☐

| PARAMETER                     |                       | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|-------------------------------|-----------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|                               |                       | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Free Oil Visual Sheen         | SAMPLE<br>MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51689 RW 0<br>Receiving Water | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |
| Flow                          | SAMPLE<br>MEASUREMENT |                     | ***** |       | *****                    | ***** | *****                 | ***** |           |                          |                |
| 74076 1 0<br>Effluent Gross   | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | ***** | bbl/d | *****                    | ***** | *****                 | ***** |           | Monthly                  | ESTIMA         |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE   |        | DATE       |
|--|---|---|--------|------------|
|  |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR<br>AUTHORIZED AGENT |        |            |
| TYPED OR PRINTED                       |   |   |        |            |
|  |   | AREA Code   | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 011A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 12/01/2014        | 12/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Bilge Water

External Outfall

No Discharge ☐

| PARAMETER                                       |                    | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
|   |                    | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |        |                       |             |
| Free Oil Visual Sheen                           | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 51689 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |
| Floating solids or visible foam-<br>visual/days | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 51705 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |
| Flow  | SAMPLE MEASUREMENT |                     | ***** |       | *****                    | ***** | *****                 | ***** |        |                       |             |
| 74076 1 0<br>Effluent Gross                     | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | ***** | bbl/d | *****                    | ***** | *****                 | ***** |        | Monthly               | ESTIMA      |

|  |   |  |  |            |
|--|---|--|--|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE  |  | DATE       |
|  |   |  |  |            |
| TYPED OR PRINTED                       |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |  | AREA Code  |
|  |   |  |  | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 012A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 12/01/2014        | 12/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Boiler Blowdown

External Outfall

No Discharge ☐

| PARAMETER                                       |                       | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|---|-----------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|   |                       | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Floating solids or visible foam-<br>visual/days | SAMPLE<br>MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51705 RW 0<br>Receiving Water                   | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |

|  |   |   |        |            |
|--|---|---|--------|------------|
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|  |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR<br>AUTHORIZED AGENT |        |            |
| TYPED OR PRINTED                       |   | AREA Code   | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 013A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 12/01/2014        | 12/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Test Fluids

External Outfall

No Discharge ☐

| PARAMETER                                       |                    | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
|   |                    | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |        |                       |             |
| Free Oil Visual Sheen                           | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 51689 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |
| Floating solids or visible foam-<br>visual/days | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 51705 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |
| Flow  | SAMPLE MEASUREMENT |                     | ***** |       | *****                    | ***** | *****                 | ***** |        |                       |             |
| 74076 1 0<br>Effluent Gross                     | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | ***** | bbl/d | *****                    | ***** | *****                 | ***** |        | Monthly               | ESTIMA      |

|  |   |  |  |            |
|--|---|--|--|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE  |  | DATE       |
|  |   |  |  |            |
| TYPED OR PRINTED                       |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |  | AREA Code  |
|  |   |  |  | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 014A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 12/01/2014        | 12/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge ☐

| PARAMETER                                       |                       | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|---|-----------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|   |                       | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Free Oil Visual Sheen                           | SAMPLE<br>MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51689 RW 0<br>Receiving Water                   | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |
| Floating solids or visible foam-<br>visual/days | SAMPLE<br>MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51705 RW 0<br>Receiving Water                   | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |

|  |   |   |  |            |
|--|---|---|--|------------|
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|  |   |   |  |            |
| TYPED OR PRINTED                       |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR<br>AUTHORIZED AGENT |  | AREA Code  |
|  |   |   |  | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 015A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 12/01/2014        | 12/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge ☐

| PARAMETER                                       |                       | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|---|-----------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|   |                       | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Floating solids or visible foam-<br>visual/days | SAMPLE<br>MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51705 RW 0<br>Receiving Water                   | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |

|  |   |   |        |            |
|--|---|---|--------|------------|
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|  |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR<br>AUTHORIZED AGENT |        |            |
| TYPED OR PRINTED                       |   | AREA Code   | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 016A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 12/01/2014        | 12/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge ☐

| PARAMETER                                       |                       | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|---|-----------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|   |                       | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Floating solids or visible foam-<br>visual/days | SAMPLE<br>MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51705 RW 0<br>Receiving Water                   | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |

|  |   |   |        |            |
|--|---|---|--------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE   |        | DATE       |
|  |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR<br>AUTHORIZED AGENT |        |            |
| TYPED OR PRINTED                       |   | AREA Code   | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 017A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 12/01/2014        | 12/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge ☐

| PARAMETER                                       |                       | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|---|-----------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|   |                       | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Free Oil Visual Sheen                           | SAMPLE<br>MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51689 RW 0<br>Receiving Water                   | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |
| Floating solids or visible foam-<br>visual/days | SAMPLE<br>MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51705 RW 0<br>Receiving Water                   | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |

|  |   |   |        |            |
|--|---|---|--------|------------|
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|  |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR<br>AUTHORIZED AGENT |        |            |
| TYPED OR PRINTED                       |   | AREA Code   | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BETA OFFSHORE PLATFORM ELLY - CAG28000**ADDRESS:** 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802**FACILITY:** PLATFORM ELLY**LOCATION:** LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                          |                         |
|--------------------------|-------------------------|
| CAF001148                | 018A-A                  |
| <b>PERMIT NUMBER</b>     | <b>DISCHARGE NUMBER</b> |
| <b>MONITORING PERIOD</b> |                         |
| <b>MM/DD/YYYY</b>        | <b>MM/DD/YYYY</b>       |
| 12/01/2014               | 12/31/2014              |

**DMR Mailing ZIP CODE:** 90802

MINOR

(SUBR FW)

Laboratory Waste

External Outfall

No Discharge ☐

| PARAMETER                                       |                           | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|---|---------------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|   |                           | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Free Oil Visual Sheen                           | <b>SAMPLE MEASUREMENT</b> | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51689 RW 0<br>Receiving Water                   | <b>PERMIT REQUIREMENT</b> | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |
| Floating solids or visible foam-<br>visual/days | <b>SAMPLE MEASUREMENT</b> | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51705 RW 0<br>Receiving Water                   | <b>PERMIT REQUIREMENT</b> | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |

|   |   |   |  |                  |                   |
|---|---|---|--|------------------|-------------------|
| <b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b> | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | <b>TELEPHONE</b>  |  | <b>DATE</b>      |                   |
|   |   |   |  |                  |                   |
| <b>TYPED OR PRINTED</b>                       |   | <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b> |  | <b>AREA Code</b> | <b>NUMBER</b>     |
|   |   |   |  |                  | <b>MM/DD/YYYY</b> |

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. Laboratory Waste coming with Produced Water

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 019A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 12/01/2014        | 12/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge ☐

| PARAMETER                                       |                    | QUANTITY OR LOADING |       |        | QUALITY OR CONCENTRATION |       |                       |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|--------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
|   |                    | VALUE               | VALUE | UNITS  | VALUE                    | VALUE | VALUE                 | UNITS |        |                       |             |
| Free Oil Visual Sheen                           | SAMPLE MEASUREMENT | *****               | ***** | *****  | *****                    | ***** |                       |       |        |                       |             |
| 51689 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | *****  | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |
| Floating solids or visible foam-<br>visual/days | SAMPLE MEASUREMENT | *****               | ***** | *****  | *****                    | ***** |                       |       |        |                       |             |
| 51705 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | *****  | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |
| Flow  | SAMPLE MEASUREMENT |                     | ***** |        | *****                    | ***** | *****                 | ***** |        |                       |             |
| 74076 1 0<br>Effluent Gross                     | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | ***** | bbl/d  | *****                    | ***** | *****                 | ***** |        | Monthly               | ESTIMA      |
| Flow  | SAMPLE MEASUREMENT |                     | ***** |        | *****                    | ***** | *****                 | ***** |        |                       |             |
| 74076 EG 0<br>Effluent Gross                    | PERMIT REQUIREMENT | 1200<br>YTD TOT     | ***** | bbl/yr | *****                    | ***** | *****                 | ***** |        | Annual                | CALCTD      |

|  |   |  |  |            |
|--|---|--|--|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE  |  | DATE       |
|  |   |  |  |            |
| TYPED OR PRINTED                       |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |  | AREA Code  |
|  |   |  |  | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 020A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 12/01/2014        | 12/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge ☐

| PARAMETER                                       |                       | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|---|-----------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|   |                       | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Free Oil Visual Sheen                           | SAMPLE<br>MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51689 RW 0<br>Receiving Water                   | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |
| Floating solids or visible foam-<br>visual/days | SAMPLE<br>MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51705 RW 0<br>Receiving Water                   | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |

|  |   |   |  |            |
|--|---|---|--|------------|
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|  |   |   |  |            |
| TYPED OR PRINTED                       |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR<br>AUTHORIZED AGENT |  | AREA Code  |
|  |   |   |  | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

|                   |                  |
|-------------------|------------------|
| CAF001148         | 021A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 12/01/2014        | 12/31/2014       |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Hydrotest Water

External Outfall

No Discharge ☐

| PARAMETER                                       |                    | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
|   |                    | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |        |                       |             |
| Chlorine, total residual                        | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 50060 1 0<br>Effluent Gross                     | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>DAILY MX | ug/L  |        | Monthly               | GRAB        |
| Free Oil Visual Sheen                           | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 51689 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |
| Floating solids or visible foam-<br>visual/days | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 51705 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |        | Daily                 | VISUAL      |
| Flow  | SAMPLE MEASUREMENT |                     | ***** |       | *****                    | ***** | *****                 | ***** |        |                       |             |
| 74076 1 0<br>Effluent Gross                     | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | ***** | bbl/d | *****                    | ***** | *****                 | ***** |        | Monthly               | ESTIMA      |

|  |   |  |  |            |
|--|---|--|--|------------|
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| TYPED OR PRINTED                       |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |  | AREA Code  |
|  |   |  |  | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.
2. Submit RP analysis per permit requirement after sampling is completed.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148

PERMIT NUMBER

022A-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

12/01/2014

MM/DD/YYYY

12/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge ☐

| PARAMETER                                       |                    | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
|   |                    | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE                 | UNITS |           |                          |                |
| Free Oil Visual Sheen                           | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51689 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |
| Floating solids or visible foam-<br>visual/days | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |                       |       |           |                          |                |
| 51705 RW 0<br>Receiving Water                   | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>MO TOTAL | d     |           | Daily                    | VISUAL         |
| Flow  | SAMPLE MEASUREMENT |                     | ***** |       | *****                    | ***** | *****                 | ***** |           |                          |                |
| 74076 1 0<br>Effluent Gross                     | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | ***** | bbl/d | *****                    | ***** | *****                 | ***** |           | Monthly                  | ESTIMA         |

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|--|---|---|--------|------------|
|  |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR<br>AUTHORIZED AGENT |        |            |
| TYPED OR PRINTED                       |   |   |        |            |
|  |   | AREA Code   | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)